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BILIARY CALCULI.

Case reported by Dr. George E. Jones
before the Cincinnati Obstetrical So-
ciety.

Miss M., white, aged 42. Seamstress, admitted to Christ's Hospital, November 6, 1895. Mother died of kidney disease.

In 1892 she began to be troubled with gastric irritation. About five months previous to her admission to the hospital she had what her medical attendant called "gastric ulcer and dyspepsia." She could not retain anything on her stomach for any length of time; occasional attacks of jaundice; the last, though slight, of about three weeks duration. Has lost considerable flesh. Finally it was diagnosed "cancer of the liver."

On examination there was tenderness over the abdomen, right side, extending around to the lumbar region; in fact, continual pain, at times intense. All and any movement or ex-

ertion, standing, walking, riding over a rough road, aggravated the severity of the pain.

In turning from side to side she complained of something falling, or when in an upright position of a dragging down sensation accompanied with a feeling as if something was torn loose. Pain down both thighs, more in the right. Nausea. Great pain over the renal region, also the so-called depression of the renal space. In a word, every symptom pointing to a case of movable kidney.

She was quite hysterical and became despondent at times. Her appetite was good; bowels acted normally; stool normal in character without odor, but she was not in a condition for making an exploratory operation.

Taking tonics and plenty of rest with the necessary good hygienic surroundings, in a few weeks she became much improved and I determined to make the above operation. In the meantime I called in Drs. Conner, Dandridge, Oliver, George Allen and Hall. All except Dr. Hall leaned toward the idea of movable kidney. Dr. Hall was non-committal.

December 6, I concluded to operate. Drs. Conner, George Allen, Oliver, Haines and several others, present; Dr. Oliver assisting. The patient was placed in the usual position, lying over a hard pillow so as to give me all the space between the last rib and the crest of the ilium. As soon as the patient was under the influence of chloroform, I made the usual incision. After getting down to the renal fat I began to feel for the kidney and found it just where nature intended it should be, in its proper place. Feeling somewhat annoyed, I began to feel around to see what was the matter. My finger came in contact with a cyst pointing to the opening. I began to suspect that I had gotten hold of a wandering gall bladder. I requested Dr. Oliver to examine what I had. After careful examination he said it looked to him as if we had struck a stone-quarry. I then, with the aid of two pressure forceps, brought the cyst to the opening and packed the side with gauze. I made an incision and a large amount of bile made its escape. With the forceps I extracted seven large stones, but with a good deal of difficulty. The eighth which was extracted was of good size and required some force to bring it. After washing out the bladder, I stitched the wall of the cyst to the wound, placed a drainage tube, made the usual dressing and put the patient to bed. Her convalescence was somewhat protracted, but she eventually recovered.

DISCUSSION.

Dr. Eichberg:—Mr. President and Gentlemen of the Obstetrical Society:—A large part of the interest connected with the subject of gall-stones, from a medical standpoint, has to do with the etiology. The work

of Charcot has cleared up much that was uncertain in this direction. It was found that gall-stones occurred more frequently in women and chiefly during the sexual life of women, from the 20th to the 55th year. The predisposition to the formation of gall-stones was traced largely to the function of gestation and lactation, in which there is a physiological tendency to the accumulation of fat at a time when the woman is likely to take little physical exercise. It was probably for the same reason they were found to occur in persons who in early life suffered from acute articular rheumatism, the accompanying valvular lesion enforcing a quiet life. This would keep them from the more vigorous movements later on. The formation of gall-stones was found also to be more frequent in the victims of lithaemia. Obesity seemed to be a predisposing cause. Here again there was a lack of exercise and an over indulgence particularly in the amylaceous products. The bile retains its solution largely by reason of its strong alkalinity. In making post-mortem examinations when gall-stones have accidentally been found, it has been ascertained that the alkalinity of the bile was almost invariably reduced and frequently it was neutral, or even feebly acid in its reaction. The principal ingredient of gall-stones we know is cholesterin, which probably forms 90 per cent. of the total ingredients of biliary calculi. It was supposed for a time that the gall-stones were found in consequence of an excess of cholesterin in the bile, but now it has been shown from the contents of gall bladders taken from post-mortem tables, as well as the analyses of bile from fistulae, that the proportion of cholesterin remains the same in cholelithiasis as in normal bile. Now some experimenters would find the cause in the secretion of a thick and viscid mucus which forms the nucleus of the gall-stone. Support to this theory is lent by the fact that if a gall-stone is divided by a fine saw it is found to be formed of three layers, the inner layer being composed of a thickened, crystalline substance, or else an opening, as

if the stone had been formed around a hole. I think there is but little doubt at the present time in the minds of those who have investigated this subject that the excess of mucus in the bile would not act like a foreign body in any saturated saline solution or as the thread in the syrup in making rock candy, giving a nucleus about which the crystallization of dissolved substances can take place.

The diagnostic points in connection with biliary calculi have been brought out to some extent in the papers we have heard this evening. Special stress has been laid on the absence of jaundice, and rightly so, as well as on the exceptional location of the pain. I would call attention to a sign of some importance. In cases which have come under my own notice, it was always possible within twelve hours after the occurrence of an attack to find some trace of bile coloring matter in the urine. It is supposed the colic is caused, not by the stone in the gall bladder, but by the stone being in the duct. Its location in this particular spot gives rise to temporary obstruction. This, coupled with muscular contraction of the gall bladder, forces some bile into the lymphatics and thereby causes the appearance in the urine within twelve hours of a sufficient quantity of bile coloring matter to be recognized by a careful examination. I would agree with most of the gentlemen who have presented papers this evening that the diagnosis of gall-stones is not made sufficiently often. Pains, which are often ascribed to other causes, are frequently traceable to gall-stone. The hepatic, intermittent fever, it has been claimed, never appears unless there is an inflammation at the same time of the bile ducts extending up into the substance of the liver, as well as affecting the larger ducts themselves. Cases have occurred in which on post-mortem examination the liver has been found the seat of disturbance, where the diagnosis was missed during life owing to the marked fever. It often would lead to elevations of temperature, 103 degrees, 104 degrees or 105 degrees. Taking

into account the sex of the patient, the condition of obesity, sedentary habits, excesses, particularly in the direction of starchy or saccharine foods, and an inherited tendency to gout, or a previous rheumatism, the pain should not leave us long in doubt. It is important the diagnosis should be made early in these cases, because in many instances it is possible by purely medical treatment to overcome the difficulty.

The medical treatment of cholelithiasis resolves itself into the medical treatment of the attack and the medical treatment of the interval. I wish to emphasize the importance of this feature because the cases usually come under the care of the physician primarily, and because most of these cases do not present distinct tumors unless there be a decided obstruction in the common duct. An obstruction of the cystic duct blocks the channel in both ways and converts the duct into a cyst. Therefore the early recognition of the true nature of the cause is of the very greatest importance. The treatment of an attack resolves itself largely into a treatment of the pain, for which there is nothing better, of course, than morphia. The old fashioned formula of turpentine and ether derives its therapeutic principle from the ether, which serves as a diffusible stimulant and not as a solvent of the calculus. But in the intervals of the attacks much can be accomplished by general measures. By diminishing the concentration of the bile, we lessen just by so much the tendency to deposit some of its solid ingredients. This can be accomplished easily by alkaline mineral waters, which not only increase secretion, but also maintain the alkalinity of the fluid and thereby lessen the chances of precipitation. Each country is partial to its own alkaline spring, but perhaps there has been no water which has attained a greater reputation than the Carlsbad spring in Bohemia. In the neighborhood of this city I think there is a water, the French Lick Springs, which can accomplish just as much as the Carlsbad water. A strict regulation of the diet is a matter of very great im-

portance, a regulation both as to quantity and quality. As has been noted in the history of the cases reported this evening, the most prominent symptoms are gastric in character; nausea and distress after taking food, a vague pain in the stomach. By giving the stomach rest between meals, and not overloading the stomach with food it cannot master, we place the liver in a better condition. The starchy foods should, if possible, be prohibited entirely. I have in mind a case of hepatic colic occurring in a young woman after her first pregnancy, who, according to direction, abstained entirely from starchy food for one year, during which time she took horse-back riding, frequent hot baths and mineral water. She has not had an attack since.

It is true the cholesterol found in the bile is not obtained entirely from the starch or fatty foods, being formed from organic compounds as well. But if we overload the stomach with starch and fat we favor the development of a fatty infiltration of the liver, with consequent functional impairment of its cells, and alteration of the biliary secretion with dietary restriction. The relief of the condition on which the formation of gall-stones depends can thus usually be accomplished. As to the solution of the stone already formed we cannot promise so much. A number of remedies have been proposed for this purpose. But we meet with the same difficulties here that we do in the urinary bladder. Because solvents will dispose of concretions in test tubes it does not follow that a test solution will accomplish the same purpose in the economy. The mixture of ether and turpentine was first given for this purpose, but this has long since been given up as being of comparatively little value. The salicylate of soda does more to produce a chologogue effect and assist in the dissolving of small stones; dose, 30 to 35 grains daily. The stones, probably under increased biliary pressure, are forced out. The use of olive oil, which has been largely recommended, particularly in the South, and the ingestion

of which in large quantity has been supposed to result in the passage of biliary concretions, is not sanctioned by practice at the present time. The quantities taken are enormous and usually prove nauseating. The masses passed are simply the more insoluble fatty principles of the oil which pass through the intestinal canal. As to the stools remaining unchanged, this, of course, is easily explained by a stone in the biliary duct.

There is another point to which I would like to direct attention from a medical standpoint. I am inclined to believe gall-stones under the 50th or 55th year are probably more frequently associated with malignant disease than has hitherto been recognized, and I believe they are associated with malignant disease in more or less of a causal relation. An autopsy I saw at the City Hospital is strongly confirmatory of this fact. A patient died of carcinoma. The hepatic and common duct were free and patent and the patient had had stools of normal color all his life. The gall bladder was completely occluded and converted into a cyst about the size of a hen's egg, containing a perfectly clear fluid. The cystic duct was obstructed by a calculus, and around this calculus there had formed a malignant growth, which extended from the cystic duct to the substance of the liver, and gave rise to a secondary enlargement there about the size of an orange. Gall-stones early in life probably do not produce such a result, but in gall-stones after the 50th year I think operation is more necessary than in earlier years, because of the danger of a carcinoma developing from irritation of the calculus. It is wonderful how much biliary colic may exist and suddenly all of the symptoms entirely disappear. I believe this is usually due to an ulceration whereby the stone finds its way into the small intestine and allows a free passage of the bile so that all the symptoms, including the jaundice, are no longer present. I remember two cases of jaundice, present in one case three years, in another eighteen months, when after some fever and considerable pain, the jaundice per-

manently disappeared and the condition of the patients improved very materially.

There is one other condition I would like to call attention to, and that is the care of the intense, almost intolerable itching of the skin. Many cases complain of nothing so much as of this intense cutaneous itching, which disturbs the rest by night and gives them no peace by day. An old treatment is the ad-

ministration of calomel in one-half grain doses for six or eight days, the doses repeated every two hours, so the patient takes six grains of calomel in the day. It rarely results in salivation, frequently causes the passage of greenish stools and promotes more rapid secretion of bile. This treatment has been lately revived and very excellent results are claimed for it by many German observers.

(To be Continued.)

LA FOLIE EROTIQUE.

BY B. BALL, PROFESSOR IN THE UNIVERSITY OF PARIS.

Translated from the third French edition by F. E. Chandler, M. D.

(Continued from last number.)

PART II.

SEXUAL EXCITEMENT.

Gentlemen:—In the preceding lecture I endeavored to trace for you a picture of chaste love, where the greatest extravagances remain bounded by sentiment and are never profaned by the intervention of the senses. I have shown you examples of this mania carried to the last limits of insanity without ever introducing an idea foreign to platonic love.

I now have to speak to you of an entirely different state of things in which the physical element comes to claim the predominance and to place itself well in evidence. But, before going further, a distinction is necessary.

We are neither moralists nor philosophers, but alienists and physicians; it is not our place to show you the picture of vice, but that of insanity. It is our business to study facts in which the morbid element plays a preponderant role and where the patient may be considered as a true madman whose liberty is compromised and whose responsibility is, to say the least, diminished.

These points fixed, we shall commence:

I wish to recall to you the classification that we formulated in the preceding lesson. Besides the insanity of chaste love (erotomania) we have sexual excitement, that we distinguish from sexual perversion, which will be the subject of a subsequent lecture.

We have three forms of sexual excitement. These are:

The hallucinatory form.
The aphrodisiac form.
The obscene form.

THE HALLUCINATORY FORM.

The young man whom we have before us to-day has a very complex form of insanity, upon which the sexual hallucinations stand out in relief.

He is 21 years of age, handsome and physically well made.

His heredity is unknown to us, but we have learned that he was educated for the priesthood. He passed his B. A. and was endeavoring to take his M. A. and B. D. together. In all probability he worked too hard for his strength and this has produced the most deplorable results; it is a victim of overwork that I bring before you.

We cannot fix the precise date when his intellectual disorder first showed itself; but we find him already insane at a well fixed date. Cardinal Guibert had just died. Our patient goes to the archiepiscopal palace to demand his inheritance; he declares that the Pope had formally promised him the cardinal's hat and the Archiepiscopal See of Paris after the death of Monseigneur Guibert and that Monseigneur Richard was merely an usurper.

I hardly need tell you that he was immediately arrested and sent to the "Clinique des Maladies Mentales" a few days later.

The insane ideas of this patient are quite varied.

In the first place he is ambitious; he thinks he will have a cardinal's hat and be called to the highest honors, and imagines that he is destined to become a mark of admiration for future generations.

In the second place, he is persecuted; he has enemies who, not satisfied with opposing his progress, heap the grossest outrages upon him.

It seems, then, that in this patient the ambitious ideas preceeded those of persecution instead of following them as is so often the case.

But this is not all; our patient is a most positive hypochondriac.

He laments his good looks that he was so proud of. He complains that his forehead is growing lower, that the charming oval of his face is changing and that his jaws are becoming prominent. He imagines that he has a softening of all the bones of the cranium and even a perforation in one of them. We will give you a few extracts from his correspondence that will suffice to show the state of his mind:

"Monsieur:—One thing, very insignificant in appearance, but which troubles me exceedingly, is the frightful change they are making in my person.

"I wish that they would leave my forehead as it formerly was. I prefer to know that my skull is full of water to having my forehead made lower and my skull smaller.

"Why do they make me a big nose instead of the delicate one I used to

have? Why do they not give me back the beautiful and graceful oval of my face? Why do they make my skull so soft that all the foolish ideas which are put into my head escape through the scalp?"

These quotations show us plainly that hypochondria is in complete possession of him, but what we must call especial attention to are his sexual hallucinations, which give to his insanity a special tendency and make it come under the head of the erotic form.

He thinks that he is continually the victim of pederasts and uses some strange expressions to explain his ideas.

"I am," said he, "the victim of brute beasts, endowed with the spirit of Pourceaunacs."

We must understand by this that he has special sensations localized at the margin of the anus.

He pretends that his enemies have carried their outrages so far as to change his sex. His persecutors have succeeded in changing him into a girl.

"I am," he writes, "the prostitute of all the madmen of Sainte-Anne, not one of whom is of noble birth." (He is mistaken there.)

He adds: "How can I have any appetite when I go to my meals with the nose, mouth and intestines gorged with semen?"

He believes also that the perforation of the skull of which he complains is used by his persecutors to inject semen into his brain. He strives with all his might against this defilement, but in vain. This makes him extremely unhappy.

Our patient is then a madman of the most complex species, but he comes especially under the head of the erotic insane, with hallucinations.

Nothing is more common in mental pathology than cases of this class.

We meet them often in a great number of psychoses; in puerperal insanity, in hysteria, in alcoholism, in acute and chronic mania; almost every patient with religious insanity is a victim of it; in short, this delusion may cover by itself the whole pathological ground.

In Dr. Baillarger's celebrated work on hallucinations (1), we find the case of a young girl, expert workwoman; intelligent, strictly moral, but always tormented with similar hallucinations.

She experienced every imaginable sensation of this kind, from the slightest touch to complete sexual connection. It is not without interest to remark that, physically, she was absolutely virtuous. This young woman made her hallucinations the almost unique subject of her conversation; she spoke of them to her friends and acquaintances, with such a wealth of details that she shocked even the most easy going of them. After several years of illness she seemed to have been wholly cured by marriage.

In the case just mentioned, this hallucination was the only form of mental derangement discoverable, but these troubles are much more common in patients whose mind is deranged in other ways, like the young man whom I made the subject of this lecture.

I will now bring to your notice two other cases that came under my personal observation.

Some years ago an insane man confined in an asylum imagined that the Government, to punish him for his political opinions, sent to his retreat and even to his room, men, who tried to perform the most outrageous operations upon him.

Another, and an extremely different type.

An alcoholic, whom I had in my ward at the Saint-Antoine Hospital, imagined that some persecutors, whom he called "pumpers," would fall furiously upon his sexual organs at every opportunity. He complained that someone was always coming to pump away his sap and dry up the springs of his life.

These hallucinations made him extremely dangerous, for whenever one came on he would throw himself on the nearest bystander, taking him for a "pumper."

(1). *Baillarger, des hallucinations, des causes qui les produisent, et des maladies qu'elles characterisent.* Paris, 1870.

One day he rushed, nearly naked, into the hospital yard after a Sister of Charity, who barely escaped him.

The form of insanity that I have just spoken of may sometimes be epidemic (1).

It has often broken out in bands of women and in the convents especially.

The history of the nuns of Cologne who had almost nightly visitations of Satan, is well known. Their complaints made a great uproar in the city; but there were some sceptics like Jean de Wier, who broadly hinted that certain young men of the town, climbed the walls of the convent to usurp the character of the devil.

Things went much farther in the celebrated epidemics that attacked the nuns of Aix-en-Provence, and of the Urselines, of Loudun, which, as you are well aware, ended in trials for sorcery and closed with the burning of some of the pretended sorcerers.

The accusations started from some nuns who were evidently hysterical and pretended to have had intimate relations with the unfortunates whom they accused.

It is of the greatest importance to remember that even in our own sceptical era when magicians can hardly aspire to the martyr's crown, accusations of this kind are extremely serious and may have most serious consequences.

A woman with hallucinatory insanity may in perfect good faith, accuse her physician, her friends and her domestics of having attempted rape on her person; she succeeds in getting a hearing, the law intervenes and it is often difficult or impossible for the accused person to prove his innocence; a thousand most trivial circumstances may give a color of truth to the accusation and may sometimes influence a verdict that will cause the ruin of an honest man.

In practice we should visit such patients only in the presence of witnesses.

1. See Calmeil, *De la folie consideree sous le point de vue pathologique, philosophique et historique.*

APHRODISIAC FORM.

Let us now discuss the aphrodisiac form of sexual excitation.

There are persons in whom there exists normally an exaggeration of the sexual appetite. These are libertines, debauchees and satyrs, but they are not insane.

There exists in a great number of insane people an unusually excitable state of the genital instinct. This phenomenon is met with in the beginning of general paralysis; we see it very often in puerperal insanity; it is very common in idiots.

There are, however, still other individuals in whom sexual excitement, carried to the limits of insanity, constitutes a disease in itself. The patients are reasonable and well behaved in every other respect; but their appetites are such as to compromise their social position and force their families to have them put in confinement.

I can give you no better example of this than the case reported by Trelat in his interesting work on "Folie Lucide," which, if somewhat wanting in general ideas, nevertheless contains a large collection of precious facts.

"Mme. V., a lady of medium height, dark complexion, attractive features, very polite and well bred, was entrusted to our care on January 1, 1854.

"Questioned, she answered perfectly every query, and then went to work with her needle, and in spite of her 69 years accomplished a great deal. She was always good natured and busy, never moving except when told that she must go to her meals or to take exercise. Nothing either in her face or actions have ever, during her stay in the asylum, shown the least mental derangement.

"For four years not one obscene word or gesture, not the slightest movement of emotion, anger or impatience. While in captivity she is perfection, but cannot be trusted to have her liberty.

"During the whole of her life, even from childhood, she has been man-crazy.

"When a young girl, she impregnated men and harassed and afflict-

ed her parents by her conduct. Although of the quietest disposition and most amiable and charming character, blushing when addressed, casting down her eyes when in the presence of several people, yet, as soon as she could contrive to be alone with a male, whether old, young or even a child, she was suddenly transformed and would attack with savage energy the object of her amorous fury. In these moments the girl who a moment before had seemed a virgin, had become a Messalina.

"She sometimes encountered resistance, and on one occasion, even a good whipping, but her advances were generally met half way.

"In spite of more than one adventure of this kind, her parents, hoping to put an end to her vagaries, succeeded in marrying her off. Marriage was only one additional scandal for her.

"She loved her husband madly; but she loved with equal fervor every man with whom she could manage to find herself alone. Anyone was good enough for her, a workman, a passer-by whom she succeeded in getting to her room by some pretext; a young man, an apprentice, a domestic, a school boy! She addressed them so politely and candidly that each one followed her without distrust.

"More than once she was beaten and robbed, but that did not keep her from beginning again.

"When a grandmother she continued the same manner of life.

"One day she cajoled a little boy 12 years of age into her room by telling him that his mother was coming there. She then gave him candy, kissed him, caressed him but when she wished to undress him the child rebelled, struck her and went and told the whole story to his brother, who took the law into his own hands and gave her a sound thrashing.

— "While this was going on her son-in-law arrived, guessed the trouble and sided with the stranger.

"She was now sent to a convent where the nuns found her so gentle and good, so docile and of an innocence so virginal that they would not believe that she had ever committed

the least indiscretion and so sent her home. She had while in the convent edified all the nuns by the fervor with which she fulfilled her religious duties.

"Once free, she recommenced her scandals and the whole of her life passed the same way.

"Her husband and children hoped that age would assist them in moderating the flames that devoured her. They were mistaken. The more excesses she committed and the stouter she grew, the more fresh and attractive she seemed. How is it possible that such low tastes and abominable habits could leave so much sweetness to the features, so much youth to the voice, so much quiet to the bearing and such honesty to the glance?

"After the death of her husband her children gave her an annual allowance, and sent her to live out of town.

"As she advanced in years she found that she was obliged to pay for the favors she received and since her allowance was not large enough for this purpose she worked indefatigably to increase it.

"To see this woman, over 70 years old, doing needle work so well and without glasses, always cleanly; carefully, but simply dressed, the countenance honest and candid, never should we have imagined all this vileness.

"Even if informed of it, we should

not have believed it without the most convincing proofs.

"This degraded woman, this monster of lust, kept to the very end her calmness, her inalterable gentleness and her appearance of honesty.

"In the first days of May, 1858, she complained of a numbness of the right extremities and died on the 17th of the same month of a cerebral hemorrhage, as the autopsy proved."

Two important points must be noted in this case.

In spite of her uncontrollable appetites this patient never showed symptoms of any other intellectual disorder.

In spite of her depraved tastes, she enjoyed excellent health up to the last day of her life.

We could multiply examples of this kind. There are many to be found in the different authors, and several historic personages have shown analogous dispositions.

There are other patients where this form of insanity may show itself periodically, as do attacks of dipsomania.

But it is enough for me to have shown you a purely typical case of erotic insanity of the aphrodisiac form, which was independent of all other diseases whether mental or physical.

In our next lecture we shall treat of the obscene form of the disease.

(To be Continued.)



**VASCULAR MOBILITY AND STASIS, INTERRUPTION, ARREST
AND RESTORATION OF THE SANGUINOUS WAVE, PHYS-
IOLOGICAL AND PATHOLOGICAL.**

BY THOMAS H. MANLEY, M. D., NEW YORK.

(Continued from last number.)

**ON THE LOSS OF BLOOD: ITS IN-
HERENT HAEMOSTATIC
PROPERTIES.**

Percival Pott bled a young ass to death which weighed 79 pounds. When one and one-half pounds of blood escaped the animal succumbed—about one-fiftieth of its weight.

Sir Astley Cooper estimated that the average animal could lose about one-sixtieth of its weight by bleeding without imminent danger to life. This was about Hunter's estimate.

Haller claimed that about one-fifth of the weight of the healthy average body was blood; of which about three-fourths was in the veins and one-fourth in the arteries.

This proportioned estimate seems rather high; as some physiologists place it as low as 1 to 9. But all estimates of the exact volume of the sanguinous fluid are inexact; although there is no doubt Haller's is the nearest.

Physiologists have endeavored to express all the blood by irrigating the vascular system, and then striving to strike a balance. The difficulty arises in the want of a proper appreciation of what really is blood.

In man to speak of the "vascular system," meaning thereby, those channels which carry red blood is a mistake for man has a duplex vascular system, one, without a central organ, containing colorless fluid; and it is the opinion of Stricker and other investigators, that the so-called lymph system and the sanguinous, are through the capillaries, continuous. It is certainly, easily demonstrable that elements of lymph make their way through the capillaries, in every region and every accessible structure in the living body, to be again poured

into the blood in the afferent vessels.

Therefore, when we take into account and blend together practically, all the aqueous elements of the body, if we except the secretions, viz., the red blood, the colorless or lymph and the plasmic currents, and consider that they all, really, are integral parts of a common whole, inasmuch as they all and always during life are in constant motion, we will find that Haller's estimate is much too low, and that one-half would be nearer an accurate estimate than one-fifth.

Hunter taught that the blood was "life," hence he often speaks of "life's current as the vital current." The lymph he regarded as closely allied to the blood physiologically; supplying the "seed" for the corpuscles; a theory that stands well forward to-day.

As he puts it, "blood was to the organs what power was to machinery."

It was endowed with life and was capable of regeneration. Arteries and veins can be regenerated. He ligated the common carotid of a sheep and then resected three inches. In 27 days it was entirely restored, with its lumen well open and carrying a current of blood equally as large as its undisturbed fellow.

**ON SOME OF THE CHANGES IN
THE BLOOD AFTER HEM-
ORRHAGE.**

Doctors Gencinto Viola and Giuseppe Jona have made many extended and valuable researches on blood changes in the lower animal after hemorrhage.

These observers particularly made the most minute observations on the

isotonic properties of the red blood corpuscles, immediately after the loss of blood, and demonstrated that there is an intimate and reciprocal relation between the corpuscular and plasmic elements, which is well defined; but, that under pathological conditions by hyperistony of the serum, with an excess of haemoglobin is readily proved by appropriate tests.

Kirmissen in a recent valuable essay presented before the French Academy has submitted the most valuable contribution extant on the subject of exhaustive exsanguination. (*Anaemie Traumatique, Experimental and Clinicae*). His work is based on observations at the bedside and extensive experiments on the lower animal.

He there, clearly demonstrates that while asepsis must always occupy an advanced position in operations as a prophylactic, yet our main reliance in all cases must be effective hemostasis. In hip-joint amputation he shows by statistics that the mortality rate will be in direct ratio with the economy of blood waste, and in intra-peritoneal operations, especially, for the removal of tumors, our success will very largely depend on preventing the loss of blood during operation, and providing against secondary-hemorrhage, after. In his experimental work he performed many amputations on dogs, some of which he bled profusely before operating; in others he employed no prophylactic measures against hemorrhage; while in others yet every precaution was observed to prevent immoderate bleeding. In the first he notes, that the animals did poorly; some sinking under operation, and others making a slow, imperfect recovery.

Primary union followed in none, when the loss of blood exceeded more than one-thirtieth of the weight of the body. In many of these, the flaps sloughed, pus infiltration followed, or secondary hemorrhage succeeded, and cut off life.

In all cases he made an examination of the blood and in all instances found that the red globules disappeared in direct ratio with the quan-

ty of blood lost. As Hayem first observed, when hemorrhage is exhaustive the blood becomes milky in consistence and richer in plastic properties, from the large admixture of lymph, which is now poured into the circulation in great quantities.

In conclusion, however, he notes that in the hearty and vigorous, when shock is absent, a moderate loss of blood is of no consequence. And he shows how, in the young and in middle-aged females, the corpuscular elements of the circulation are promptly regenerated.

A recent writer in an otherwise useful essay calls general practitioners to account for their fear ("phobia") of blood, and reluctance to freely divide the tissues, in emergencies; but this is most certainly a mistake, for of all the dangers in operative-surgery hemorrhage stands far to the front. A case illustrative of this came to my knowledge this past spring. A most estimable practitioner, but not an encourant surgeon, undertook to remove a few tubercular glands from the neck of a hearty young lady, otherwise in perfect health. The road seemed clear for a most simple operation, but after the deep cervical fascia was divided it was found that the small superficial tumor had an intimate attachment with the deep chain of the lymphatics. In proceeding with the dissection the trunk of the internal jugular vein was divided. In an instant the hemorrhage was enormous, could not be controlled and quickly terminated fatally. Every practitioner is not made of the metal for an intrepid surgeon, however broad his knowledge of anatomy may be or his skill in dissection on the cadaver.

Within a week, while I was resecting a necrosed hip-joint, the practitioner who administered the ether, a gentleman of several years' experience, with the first gush of blood on dividing some of the larger branches of the gluteal, from its sight and odor, at once became deathly pale. To undertake any description of a surgical operation involving a division of the tissues without a proper equipment, is little less than criminal.



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THE USES OF TANNIGEN.

This new agent in therapeutic applications is the result of the chemical action of acetic anhydride on tannin dissolved in glacial acetic acid. It forms a grayish, tasteless, odorless powder, insoluble in water, but very soluble in alcohol.

The insolubility of tannigen in aqueous solutions especially recommends its use in diarrheas where the action of the drug is desired locally on the intestines as an astringent, inasmuch as it passes the stomach and duodenum into the intestine in an undissolved form, but is broken up by the presence of alkalies in the intestine into its constituent elements.

Tannigen is one of the newer preparations which has been evolved from the German laboratories, and, hence, has had but limited use in this country. Its application is largely confined to chronic diarrheal diseases, but it is also admirably adapted to the intestinal affections of children which arise during the summer season, not only on account of its therapeutic action, but also from its ease of administration, being tasteless and odorless, thus overcoming the objections of most astringents.

There are other uses of tannigen which we have found of practical utility, namely, its beneficent action as an astringent on ulcerated surfaces, especially chancroidal ulcers. Here its odorless qualities recommends it over iodoform, although, of course, there is no astringent property in the latter.

Much has been said of the benefits of tannin in the treatment of phthisis, especially in the hemorrhagic stages. For this purpose nothing could equal the exhibition of tannin in the form of tannigen, as the latter is so easily borne by the stomach and only taken up by the intestinal mucosa at a point at which it is extremely desirable to have tannin enter the blood most potently.

The following few cases have occurred in our experience which illustrate the uses of the drug concisely:

Case I. Male child, 16 months old. Ill for fourteen days with the following symptoms: Daily rise of temperature varying between 100 and 102 degrees Fahr.; restlessness; colicky pains at intervals; diarrheal discharges of greenish, slimy mucus, eight or ten a day; no appetite;

tongue coated with a white fur; thirst and emaciation. Had been fed on sterilized cow's milk. Diagnosis: Catarhal gastro-enteritis. Treatment had consisted in bismuth, peptin and opiates (paregoric), but without much benefit. Tannigen was then tried in one grain doses, floated on a spoonful of water, every two hours, and the diet regulated. Results were extremely satisfactory. There was considerable improvement in twenty-four hours, with only four movements from the bowels, of better color, and in three days the child was on a rapid road to recovery, which eventually took place.

Case II. Male, aged 36 years. One year previous had tuberculosis of the apex of right lung, which had terminated in recovery so far as physical and objective signs would show. His cough had ceased and the lung had cleared of all congestion and the tubercle bacillus had disappeared from the sputa. When I was called to see him he had been feeling ill for about a month with slight diarrhea, but managed to work at his trade, that of a carpenter. He was taken one evening with pain over the site of the large colon, tenderness on deep pressure with gurgling, mild jaundice, fever and rapid emaciation. Diagnosis, at first obscure, but finally appeared probable that tuberculosis of the intestine was present and supportive treatment was given. To check the exhausting diarrhea tannigen was administered in doses of three grains, every two hours. This seemed to be efficient, and some improvement was manifest for about a

week, but owing to the extreme loss of flesh and strength the patient finally died, although the diarrheal symptoms were alleviated.

Case III. Female, age two years. Suffered from infantile diarrhea from incorrect feeding and hot weather. Greenish, watery stools, colicky pains and emaciation. Had been ill four or five days before a physician was called. Gave one grain doses of tannigen every hour for six hours, then continued at three hour intervals. Corrected feeding, in place of the condensed milk that the child was receiving. Patient was better in twenty-four hours, and recovered in less than a week.

Case IV. Male, 22 years old. Symptoms of general malaise, afternoon fevers, loss of appetite and diarrhea. Had headache, light yellow discharges and gurgling sensations in the right iliac fossa. Had been ill for a week, getting a little worse each day. Diagnosis catarhal enteritis, possibly of typhoidal nature. Treatment consisted first of a calomel purge followed, after its action, by tannigen, in three grain doses every two hours, and rest in bed. In two days there was marked improvement in general feeling and the diarrhea had ceased. In a week the patient had recovered sufficiently to sit up and had no return of the symptoms.

These few cases are taken as illustrations of the effectiveness of tannigen in diseases of a diarrheal nature, especially in children, and in their cases its ease of administration will recommend it over other astringents.

TO BALTIMORE BY WATER.

Of the many delightful short trips offered to residents of Philadelphia who cannot long remain out of town none has greater claim to favorable consideration than that offered by the Ericsson Line of steamers from Philadelphia to Baltimore. It com-

bines everything that together make up a pleasurable trip—comfort aboard boat and a continuous panorama of interesting scenery outside. The saloons are large, handsomely furnished and well lighted; the staterooms roomy and comfortable

and the table all that can be desired.

Starting from Philadelphia there is a delightful trip of forty-five miles down the Delaware, passing League Island, Navy Yard, Fort Mifflin, the ice breakers at Marcus Hook, and Fort Delaware, the chief defense of the river, which is soon to be remodeled and whose guns will command all approach to the great metropolis of Pennsylvania.

Just below the fort is Delaware City, the entrance to the canal that joins the Delaware and Chesapeake Bays. The run from here is most delightful. You glide along through lovely glades, and forests, and farms,

presenting a charming panorama of beauty. The run of fourteen miles through the canal is one of the most picturesque we know of. At the end of the canal you reach Chesapeake City, and you steam along Back Creek for five miles and then on the noble Elk River until the Chesapeake Bay is reached, and you sniff the tonic, ozone-laden air of that great body of water. Down the bay you glide, and at last reach the Patapsco River and shortly after land at the Monumental City, after a most pleasurable run of a hundred and twenty miles along river, bay and canal.

CONSERVATISM IN UTERINE SURGERY.

At the late meeting of the American Medical Association the past and present presidents, two of the most distinguished members of our profession, inveighed with great vehemence against the dreadful onslaughts of modern gynecology, and arraigned in the most scathing terms those who resorted to radical operations and sacrifice of organs, for conditions, in themselves, often comparatively harmless, and at all events, remediable by milder measures.

Again our attention is called to the subject by an able contribution from the pen of the veteran gynecologist of Brooklyn, Dr. John Byrne, and a leader, by an editor, entitled "*Specialties, and The General Practitioner.*" Dr. Byrne leads off with a sweeping denunciation of the operation of hysterectomy for cancer of the os-uteri, and thus shows that the amputation of the uterus by no means justifies a warrant of cure. He inquired of 150 gynecologists on this point, and received answers from 53. "I regret to be obliged," he says, "to record but 53 replies, some of which would seem to have been designed to befog the whole subject of my inquiry; others, so indefinite as to

be worthless, and a very few only, to which I shall refer, from which any reasonable or probable opinion could be formed regardless of recurrences." His inquiries were directed to determine the results after hysterectomy for cancer.

Segond, of Paris, replied, that of his eighty cases, only five, were free from recurrence after three years. Polk, of New York, in his record of fifty cases, had none without relapse after two years. Baldy had no relapses; Price and Boldt but few.

It certainly would be interesting to know on what ground one proceeds to do a hysterectomy for a simple epithelial infiltration or an erosion of the os. Perhaps it may be averred that cancer is a disease of local origin; hence to eradicate it we must cut wide of the lesion. The trend of opinion is entirely in this direction, though it is only a hypothesis without a scintilla of scientific proof to support it. The latest and ablest writers on ontology admit this. Williams, Thoma, Heitzman, Stricker, Senn and others, equally eminent certainly do.

Why, then, lay down any hard and fast rule for the treatment of a growth, the etiology of which is now as great a mystery as it ever was?

* American Gynecological Journal, July, 1896.

Nay! more, as Byrne shows, hysterectomy, in many types of cancer, is an exceedingly bloody operation, attended with a large mortality, and in any event, by the vaginal route, the ureters, the bladder, or rectum is endangered.

We cannot but believe that the wise and sound advice of Byrne should be followed, and rather do tentative than radical operations in this type of cancer: i. e., treat the local lesion of the cervix by simple and safe measures, which will not endanger life, but will extend it in comfort for many years, or even cure the disease. His operation consists in blazing away the proliferating tissues with the Galvano-cautery; something which may be accomplished painlessly by the local use of cocaine. By this means all danger of hemorrhage and sepsis is obviated, a clean, dry eschar is left, which soon ulcerates off, leaving a healthy scar. In our own hands the acid nitrate of mercury has often been employed in this class of cases with most gratifying results. Barker believed that something more than a caustic action was effected by it; that the decomposed mercury was taken up by the

lymphatics, and so affecting the protoplasmic elements as to subdue epithelial infiltration.

As to the relations of the general practitioner and the gynecologist, we must concede that the field is overstocked with gynic surgeons. But where is the remedy? One post-graduate school announces in its annual circular that gynecological teaching is a special feature of its curriculum; a half-dozen or more professors have been made, and from the four quarters of the nation, practitioners come to fool away their time, or for their health, or to throw away their money. Oh, no! These hard-worked, poverty-stricken members of the craft come to learn, to obtain what they have paid for—a knowledge of gynecology; their ulterior purpose being to gather in, some of those plums, floating formerly into the coffers of the specialist. With ever fresh crop of these candidates for new honors less and less material turns up at the door of the specialist. These, with few exceptions, are general practitioners. They have been robbed by the present accursed dispensary system, and now they have gone into the sanitarium business on a large scale.

COCAINE

C.P. ANHYDROUS CRYSTALS.

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Book Reviews.

GUIDE MEDICAL PARISIEN. Published by the Independence Medicale, 21-23-25 Place et Rue de l'Ecole-de-Medecine, Paris, France.

Our old friend, the Independence Medicale, has had an excellent idea in getting out this volume, which will be not only useful, but indispensable to physicians intending to devote some time to visiting the Parisian institutions for scientific and medical instruction.

The amount of time that can be saved any physician who uses this little manual, is simply enormous, for we find successively described in the "Guide Medical Parisien," "La Facul-

te de Medecine" (the great medical school of Paris) and its clinics, the hospitals and asylums, the anatomical amphitheatres of the hospitals, the insane asylums, the private hospitals, the important private clinics, the museums, the libraries, etc., etc. The description of each establishment is preceded by a short historical sketch; the course of instruction given by the different professors is furnished in detail; the organization and methods of working each ward are exactly described. Nothing, in short, is wanting to render this "Guide" thoroughly practical and interesting.

CHANDLER.

BOOKS AND PAMPHLETS RECEIVED.

The Fallacy of Antitoxin Treatment as a Cure of Diphtheria. By Elmer Lee, A. M., M. D., Ph. D., Chicago.

"Aeroporotomy," etc., etc. By S. W. Kelley, M. D., Cleveland. O. A new name proposed for operations for letting in more air to the air passages, covering all the opera-

tions such as intubation, tracheotomy, etc.

Sciatica; Its Satisfactory Treatment by Static Electricity. By S. H. Morrell, M. D., Brooklyn, N. Y.

Hydro Galvanism of the Urethra. By Robert Newman, M. D., New York.





CARDIAC NEUROSIS AND ITS ELECTRICAL TREATMENT.

By W. F. Robinson, M. D., Albany,
N. Y. From advance proof sheets of
transactions of Electro Therapeutic As-
sociation.

The latter part of the 19th century may justly be called the nervous age. Never have functional troubles of all kinds been so frequent, or attained to such importance as they have to-day. A moment's thought will show us that in this connection functional is synonymous with nervous, for the reason that all function of every kind, be it secretion, excretion or circulation, is caused by and depends upon some one of the different sets of nerves in the body. The reason for this increase of nervous affections is to be found in the fact that owing to the high pressure existence which most of us live the nervous system is rendered specially sensitive to impressions of all kinds.

Take for example, the function of digestion, which is an entirely involuntary act, brought about by the irritation of the food in the stomach, stimulating the nerves which control the secretion of the digestive fluids. It stimulates also the muscles which aid in the performance of this function by alternately compressing and relaxing the stomach and thus bringing the fluids in close contact with the food.

Purely involuntary as this process is, an emotional disturbance like a piece of a bad nerve will often throw it entirely out of order. The normal secretion of the gastric juice will stop and the muscles will either cease to act or else take on a sort of reversed action, bringing the food back instead of helping it on its course.

Familiar examples of this are where a person is made faint and sick by some horrible sight, or some ser-

ious business trouble brings on an attack of acute indigestion.

The function of the heart, that is to say, the circulation, is the same in principle as that of digestion, being an involuntary act, regulated in its intensity by the needs of the body. Increased activity of either muscle or gland will require an increased supply of blood, and this information being telegraphed to the organ by means of the nerves the heart responds by sending an increased blood supply.

The apparatus by means of which all this is done is an excessively complicated and delicate one, and as a consequence very apt to get out of order. The nervous stimulus which starts the action of the heart comes from the ganglia which are imbedded in the walls of the heart itself. This has been beautifully shown by experiments upon animals. Thus the heart of a guinea pig will beat after all the nerves, which run to the heart, are severed, showing conclusively that the stimulus must come from within the organ itself. If the heart only had a fixed amount of work to do this simple arrangement would suffice, and in all probability functional heart trouble would have no existence.

The fact already mentioned that the heart must regulate its activity to the ever varying needs of the system at large, requires it to be connected by complicated system of nerves with every part of the body. It is this extensive system of nervous connections, extending as they do to every muscle and organ as well as

to the brain and spinal cord, which renders this organ so extremely sensitive, and as a consequence specially liable to functional disturbance.

There are two principal sets of nerves which regulate the heart's action in opposite ways.

First, the sympathetic system which stimulates the organ to greater activity.

When the sympathetic connections of the heart are stimulated we have a condition of so-called tachycardia or rapid pulse.

The pneumogastric nerve on the other hand has for its function the slowing of the pulse.

This phenomena is therefore seen when this nerve is irritated from any cause, as by the pressure of a tumor. Czermak could compress his own pneumogastric nerve and slow his heart at pleasure.

If, on the other hand, the vagi nerves be severed, the controlling power of the heart is cut off and it beats very rapidly.

This condition of abnormally slow pulse is known as bradycardia. It may be and often is due to morbid conditions in the medulla where the centre for this controlling action is situated.

Cardiac neurosis may exist, however, without the presence of either of these conditions.

In the author's experience, a common form of this affection is what might be termed irritable heart. The pulse may be almost normal, or only slightly accelerated under ordinary conditions. More frequently, however, it varies between 80 and 100 beats per minute.

It is not so much the rate as the tension and rhythm which are abnormal.

Under excitement, worry or slight exertion, the heart seems to go all to pieces, so to speak. In taking the pulse for a single minute, the changes in the strength of the beat, as well as the rhythm, are very evident. It may intermit, but this is not frequent. Some authorities claim that a rapid heart is apt to indicate disease. Without attempting either to accept or deny this statement, the author is convinced that there are many cases

of irritable heart that are pure neurosis, without any organic complications whatever.

Professor Huchard, of Paris, a writer on this subject, who is very largely quoted, declared in a recent article that myocarditis is often diagnosed when it does not exist. Cases that have presented grave heart symptoms during life often present little or no change in the heart muscle. As to the theory that cardiac neurosis, especially tachycardia or rapid heart, may eventually lead to degeneration of the myocardium, the writer does not feel that he has experience enough to offer an opinion.

The main physical sign that shows cardiac neurosis is irregularity of the pulse or arrhythmia.

The heart will change under your finger, beating now faster, now slower, now stronger, now weaker. This is also a sign of myocardial disease, and it may be claimed that the writer has called cases cardiac neurosis which are really true myocarditis.

In reply to this, he would simply say that together with all humanity he is perfectly aware of the possibility of error, and if he has made any such mistakes he would be very glad to have his attention called to them.

Various poisons, such as tobacco, arsenic and the like, will often disturb the heart's action, and tend to bring on this condition of irregularity. It is a frequent, though as already stated, not a necessary manifestation of neurasthenia.

There is a general feeling of malaise and lack of energy.

In the writer's opinion many of the nervous symptoms which characterize general neurasthenia are really due to the condition of the heart.

Those feelings of nameless fear and apprehension, despondency and gloom which torment so many people may be due to this condition. Also the two allied, though opposite symptoms of insomnia and drowsiness.

I do not mean by this that they are not true symptoms of neurasthenia, since the disease affects the heart as well as all other organs of the body.

The cause of cardiac neurosis is undoubtedly a weakness in the whole

or in some parts of the complicated nervous mechanism which supplies the heart. It is a general law of the nervous system that weakness or exhaustion of any part of it is apt to result in irregular or even spasmotic action of that part.

It is this law which enables us to understand the etiology of cardiac neurosis.

The complicated and delicate nervous apparatus of the heart is weakened and we have as a direct and natural result, spasmotic and irregular action.

The evident indication then in these cases is to tone up and strengthen these nerves, and we should expect as a result a more regular and uniform cardiac action.

(To be continued.)



Current Medical Literature.

CONSTIPATION IN ELEPHANTS.

By J. A. Munn, F. R. C. V. S., Army Veterinary Department, Barrackpore, India.

On the 25th of November, at a late hour, I was hurriedly requested by the warrant officer in charge of the transport animals to visit their lines, as four of the elephants at this station had been seized with violent illness, and had been so for some time. On arrival I found that two males and two females were suffering from colic, the males and one female being very ill, indeed. The jemidar mahout had administered various remedies, the nature of which I am not Oriental scholar enough to comprehend; but as I found that all the animals were excessively constipated, and two had passed nothing for nearly twenty-four hours, I gave directions to administer, if possible, about half an ounce of croton seeds, and to have the animals walked about, so as to get the bowels to act. The night being dark and stormy, and the hour so late, I could do nothing more. The next morning, on my arrival at the transport lines, I found one elephant (a male) dead, and two others (a male and a female) in a very bad way, indeed, and evidently suffering great pain. The drivers had been unable to administer any drug, and no faeces has been passed during the night by two of them, i. e., for about thirty-six hours. In addition, there was much tympanites, the abdomen being blown up like a cow's. The animals had been walked about all night, but with no result; and not knowing what else to do, I resolved to attempt to administer an enema with the station fire engine, which was the only piece of apparatus I could think of that would throw sufficient water. I obtained the use of it—an ordinary manual engine, with a leather hose and a copper nozzle about four feet long. This was rigged

up alongside a tank in the elephant lines, and the first animal—the remaining male—was brought up and tied to two trees, care being taken that the suction-pipe was clear of the bank and did not pump up any mud. I tried to administer the enema to the animal when he was lying down, but he would not keep quiet. It was quite successfully given, however, when he was standing. After the nozzle had been inserted about two feet into the rectum, a large quantity of water was pumped, which overflowed; and after five minutes the effect was sudden and most marked, an enormous quantity—a hundred-weight, more or less—of faeces being expelled. The relief given was as if by magic, and a second administration of water brought away a still larger quantity of faeces. I then had the animal exercised for about ten minutes, a third motion taking place, other motions occurring at intervals all the afternoon. Shortly after the third motion the animal began to feed, and I had a little more than half an ounce of croton seeds administered.

The female elephant—who was, if anything, in more violent pain than the male—was treated with an enema in the same way, and with the same beneficial result, the relief being most marked. The croton seeds had acted well at the time of my first visit next morning, the ground being covered with several cart-loads of faeces. The animals are now as well as ever they were, and it was to see how they went on that I have delayed this report.

I examined the body of the male that died. The appearances were the usual ones of enteritis in equines, the intestines being intensely inflamed

and impacted with hard masses of faeces; and had the fire-engine been used the night before I am firmly convinced that this animal would have recovered; but, owing to the lateness of the hour I never thought of it, and even if I had there would have been delay in obtaining it or finding men to pump it. As I can find no record of such treatment being adopted with the elephant in any of the professional works that I now have access to, I venture to make the following remarks on the matter: 1. That a large quantity of water can be given, and the pumping continued for several minutes, if necessary. 2. That the enema can be given to the animal standing, if he will not remain lying down, although the latter position is the more convenient for the operator; for in the standing position, from the overflow of water, he is liable to get very wet—at least, such was my experience; I was simply deluged, and had not a dry stitch of clothing on my back. 3. If the animal will not allow the nozzle to be inserted, there is no occasion to force it; for if held close to the anus, and the pump worked hard, the force of the stream of water, if directed straight, is sufficient to fill the bowel. 4. The nozzles of the fire-engines, used by the military authorities in India, are long copper tubes, tapering towards one end, onto which is screwed a spout that generally has a flange with sharp edges. I would suggest that a spout of a special shape be authorized. This could be screwed onto the existing nozzle, and would be very little extra expense. I would furthermore suggest that some definite instruction be issued by the authorities, by which the use of the fire-

engine could be obtained at these stations, and men to work it when necessary.

—From the Indian Lancet, March 16, 1896.

NEW TREATMENT FOR SCIATICA.

Dr. Negro, from Turin, has successfully treated sciatic neuralgia by digital pressure over the painful points. The method employed is as follows: The patient is placed in a horizontal position, with the lower limbs extended and in contact with each other, so as to completely relax the gluteal muscles. Determine by palpation the situation of the great sciatic notch, through which the sciatic nerve passes; apply the tip of the right thumb over the nerve, and above the nail of this place the left thumb. With the thumbs in this position a very energetic pressure is exerted during fifteen to twenty seconds directly; slight lateral movements being executed in every direction, but without displacing the thumbs. After an interval of a few minutes the pressure is applied a second time in the same way, this operation being much less painful than the first. After the second compression the patient is as a rule able to walk without great difficulty, and the pain is relieved for a time varying between several hours and a day. The compression is repeated every other day, six sittings being usually sufficient for the complete cure of sciatic neuralgia, a result which Dr. Negro has obtained in the immense majority of cases (100 out of 113) in which he has had occasion to employ this method of treatment.

—London Medical Times.





NEURASTHENIA FROM "COITUS RESERVATUS."

Dr. Tchijje, of Dorpat, in the Sixth Congress of Russian Physicians, at Kiew, reports 17 cases in which "coitus reservatus" was either the principal or unique cause of a neurasthenia.

He had under observation 11 men and six women, whose ages varied between 30 and 40 years; who all belonged to the upper classes and who had no neurasthenic predisposition.

They had practiced "coitus reservatus" in the hope of having no more children.

In every patient this had been practiced for over two years and in two cases, for more than ten years.

Two constant symptoms were acute: precordial pain and indifference to the interests of existence.

Treatment was limited to abstinence from all coitus for at least two months, combined with an antiaphrodisical regimen.

Abstinence and infrequency of sexual intercourse had a good effect on the patients.

—Independence Medicale.

IMMUNITY.

Dr. E. Behring, of Berlin, writing on this subject, says that the study of infectious organized materials (parasites) as well as that of non-organized infestants (poisons) has shown that there is no absolute immunity.

In the same way we easily prove the contrary; that there is no absolute absence of immunity.

Experimental research has shown with exactness, the resistance of various species of animals to certain bacterial poisons, so that now we are acquainted with the dose that in every experiment may be at will either inoffensive, pathogenic or lethal.

There is a relation between the re-

sistance to the pathogenic bacteria and to the toxins produced by them; the susceptibility to bacterial infection increases or diminishes the susceptibility to intoxication. Nevertheless, this law is not without exceptions; for instance, rabbits are more susceptible to the toxin of diphtheria than they are to the action of the living bacilli.

Bacterial or toxic immunity may be either congenital or acquired.

The mechanism of toxic immunity is known up to a certain point. Every toxic substance known to us has, when administered in non-lethal doses, the power of producing illness and, this cured, the degree of susceptibility of the individual changes, it increases or diminishes according to the dose of the toxicant. If this be the case, the toxic susceptibility may doubtless be lessened; then, if with appropriate treatment we increase the dose we may succeed in rendering individuals immune to still stronger doses.

Toxic immunity when produced artificially, must always be attributed to the production of an antidote (antitoxin) in the system of the immunized individual. All antitoxic treatment has for effect the production of a special antitoxin.

It has not yet been proved that a single poison is capable of producing several kinds of antitoxins.

The antitoxins that we have so far, are those of diphtheria, tetanus, cholera, typhus, pneumonia and tuberculosis, as well as those of snake poisons and some plants.

The antitoxins are dissolved in the blood of the immunized individuals and are extracted from their serum. Their constant presence is proven by experiments made upon animals; the poison upon which the antitoxin is to act is administered in lethal doses to an animal suitable for the experiment. If the animals survive the sub-cutaneous injection of antitox-

ins, the efficiency of these latter is demonstrated.

The loss of immunity is caused by the elimination of the antitoxin of the organism (through the kidneys, intestines, etc.).

Immunity may still be obtained by introducing the corresponding antitoxin into the organism.

The immunity obtained by antitoxin is considered as a hematogenous, toxic immunity, because it is independent of the condition of the organs.

The production of the antitoxin is a function of the living cells of the organism, but the immunizing action of the antitoxin itself is explained solely by the fact that it neutralizes the toxin.

Antitoxic immunity is not hereditary. Hereditary transmission may be simulated when the antitoxin contained in the blood of the mother is transmitted to the fetus.

—La Riforma Medica.

ALBUMINURIC RETINITIS.

Dr. Moglie has examined a number of patients in the hospitals of Rome in order to study the connection between renal diseases and certain visual troubles. He has come to the following conclusions:

The visual derangements that occur in the course of nephritis are often caused by anatomical lesions of the retina although they may occur when this membrane is anatomically intact and must then be referred to lesions of the nerve centres. The primitive changes of the retina are caused by lesions of the vessels, arterio-scleroses, hyaline degenerations, etc. The other retinal changes are caused by these lesions and also by troubles of the circulation induced by the general edema. The hemorrhages may be either arterial or venous. Fatty degenerations of the retina are merely transformations of the hemorrhages.

Retinitis and nephritis occur together only when they have the same general cause, but are not dependent upon each other.

Ophthalmoscopic examination alone is not sufficient to establish a diagnosis of nephritis, although it furnish-

es us with a very characteristic symptom.

The appearance of retinal symptoms always announce the imminent dissolution of the patient.

—Il Polyclinico.

CURE OF INGUINAL HERNIA BY CHLORIDE OF ZINC.

In the seance of the Academie de Medecine of July 7, Prof. Lannalougue showed four children upon whom he had used the method of chloride of zinc injections of 1-1000 strength, instead of the radical operation for hernia.

The first result was a considerable swelling of the tissues with a slight effusion that was soon reabsorbed, and finally the tissues of the inguinal canal thickened and closed it completely, pushing back the hernia. The results were excellent; in one week the children were out of bed and running about.

There were no complications of any kind, either temperature, vaginitis or orchitis.

Prof. Lannalougue is of the opinion that this method which is simple, in the range of anyone's ability and not liable to the accidents common to the radical cure, will give equally good results with adults.

—Independence Medica.

GRAFTING OF ADULT AND EMBRYONIC LIVING TISSUES.

By Prof. R. Alessandro, of Rome.

The cellular theories, the histological and bio-chemical investigators have formed a firm foundation for researches on the life of tissues. It is by the aid of these that we have been able to explain many questions touching the regeneration and development of the tissues and which have caused us to find methods of transplanting one tissue upon another.

Author has made 54 experiments, all of them upon healthy young dogs.

He grafted; (a) liver upon liver; upon testicles, on the spleen, on the kidneys and under the epidermis; (b) kidney upon kidney, on the spleen, on the liver, on the testicle and under the skin; (c) testicles upon the liver, on the kidneys, on the spleen and under the skin; (d) the pancreas upon

the spleen, on the liver and under the skin; (e) the salivary glands upon the spleen and under the skin. II. (a) the spleen under the skin, upon the liver and on the kidney; (b) lymphatic glands upon the liver, on the spleen and under the skin.

Here is a summary of the results obtained after grafting bits of liver: In no case was there any development (life) of the grafted piece; nevertheless in the grafting of liver on the liver, microscopic examination has shown a persistence of vitality in the grafted morsel.

In the grafting of liver on the spleen there was also persistence of vitality for some time. The possibility of success can, therefore, not be denied.

In the grafting of liver upon the spleen, upon the kidney and under the skin, the result was disappearance, rapid and total, of the hepatic tissue.

Here are the author's conclusions as to grafting with the spleen: The grafting of the spleen upon the liver is not only possible, but very easy. The development is nevertheless incomplete, for a portion of the grafted tissue breaks down invariably and disappears. The portion that remains is always that which is in immediate proximity to the hepatic tissue that receives the graft. A series of experiments has shown that even the portion that lives gives signs of a diminution of vitality at first.

Nevertheless, this is only transitory and the portion that resists the disturbance of nutrition returns, little by little, to its normal condition. The grafts of spleen upon the kidneys give negative results.

Grafts of the spleen put under the skin die rapidly and disappear completely.

—II Polyclinico.



A CONTRIBUTION TO THE TREATMENT OF HYPERIDROSIS.

Dr. L. Heusner, Deutsche Med. Woch.

While the sweat was formerly considered simply a transudation from the blood, it is now known that its secretion, like that of the salivary glands has a complicated nerve apparatus with secretory, vasomotor and inhibitory filaments with regulating centres in the brain and spinal cord. It must be assumed, that when one is affected with hyperidrosis, there is an unusual stirring up of the excitant centre or the inhibitory apparatus had been injured, probably through substances circulating in the blood. Aside from this, owing to the irritation, it may act reflectively and thereby increase the sweat secretion, with capricious limitations when seemingly unexpected. The want of secretion as well as the

secretion may be due to central or peripheral irritation.

The active secretory glands, including the sweat glands, are contracted by means of atropin. In the sweating of consumptives, however, this drug has not a lasting action; the doses must soon be increased, and ultimately it loses its action completely. Hyoscin acts similarly; agoscin given in the evening, in doses of 0.05-0.1, has a similar action as well. The fluid extracts of ergot and hydrastis (first 20-30, later 30-40 drops daily) alternating or combined proved capricious and the action not constant. It is doubtful, if the subcutaneous injections of ergotin (extract ergot 3.0, spiritus, glycerin, aqua destillata 5.0, evening an injection), is to be preferred to the internal administration of the fluid extract. It is less agreeable to the patient on account of the pain it causes. The administration of camphoric

acid (1-5 grains) at once before bed-time, according to the author, cannot be agreeable when taken daily in comparatively large doses, since it acts inhibitory on the bowels as well as on the kidneys and is not entirely free from the irritating action of the camphor.

The external medications which are assumed somewhat as secret remedies are not against general sweating, but local hyperidrosis, and especially against that of the feet and hands. The external remedies can be divided into those which act mechanically, those which act principally as deodorants and disinfectants, organic and inorganic acids, chloral and chloral ethers. Of these which act mechanically, Hebia's method must be mentioned, consisting in covering the sweating soles and toes with a plaster of ungt. diachylon, which is renewed every twelve hours, and the epidermis after ten or twelve days scales off. This, however, cannot be considered as applicable to other portions of the body nor is the repeated application of a ten per cent. alcoholic solution of silver nitrate to the soles to be considered, as it would destroy the skin covering.

The disinfectant remedies utilized are washing with alcohol, carbolic acid, sublimate, acetic acid, boric acid, permanganate of potash, brushing over with a solution of naphthal, oleum bergamoth, nitrate of bismuth and salicylic acids. The alcohol, salicylic and boric acids act decidedly inhibitory on the secretions. Of all other antidiastic remedies the alcohol is preferred, and in the army salicylic acid as a douche, by itself or in combination with boric acid or as a salve with adeps suillius. Of the organic acids, chromic is the most utilized. In the German army it is used daily in solutions of 5-10 proc. against sweating of the feet. This remedy is very effective, yet it is not harmless. The sharp and poisonous acid frequently, produces wounds and ulcers and stimulating from absorption, the peculiar chronic inflammation of the kidneys. The epidermis of the soles scales off in shreds, the socks discolor

and decompose. The liquor ferri sesquichlorati, which Legaux pointed out as a positive remedy against food perspiration, is similar in action and use.

R	Liq. ferri sesquichl.	30.0
	Glycerin	10.0
	COI. bergamott.	20.0

Of the organic acids, other than salicylic, the tartaric, acetic and citric, are the most used. Formic and other organic acids are good remedies against sweating and it is still more practicable to use mixed acids. Tartaric acid in powder form, by itself or combined with boric and salicylic acids, blown into the sock is greatly used. Weisam declares the alcoholic solution to be more effective than the powder. The salicylic acid, 2-3 per cent. tartaric, 10-20 per cent., applied most conveniently by a spray. He recommends these remedies for local as well as general hyperidrosis. In general hyperidrosis, however, such a strong solution should not be employed; then, even an 10 per cent. alcoholic solution on certain portions of tender skin produces a burning and after the evaporation of the spirit there remains the tartaric acid crystals, which after repeated applications generate a painful eczema.

A remedy that is used largely against local sweating is Dr. Brandaus' liq. antihydrosis, consisting of 25 per cent. crude hydrochloric acid, 25 per cent. alcohol, 1 per cent. glycerine, some chloral and a trace of ammonia. The sweating soles are bathed in the Brandaus fluid. First the heel is inserted, then the entire sole for 15 minutes, right after a soap bath, to neutralize the acidity. This treatment is repeated twice weekly for six or eight weeks; thereby the skin from the soles comes off in shreds and recovery sets in. If there are raw surfaces between the toes they must be first treated with cold baths and then powdered with salicylic acid.

The chloral ethers as well as the chlorals are by themselves, without the hydrochloric acid, good factors against sweats. Chloral is used 5 per cent. Author gives the following remedy: R. Sol. borie ac. 1 per.

cent.; formic acid, 5 per cent.; chloral hydrate, 5 per cent. in alcohol; in local excessive sweating, with a wet cotton sponge, while in general hyperidrosis with an atomizer. In persistent local sweating, author doubles the components or adds 1 per cent. trichloracetic acid, which acts still stronger.

From the Arabs, Dr. Klein learned the means of disguising the smell of el. ricini; 15 to 20 grms. of the oil is heated in a glass of milk and frequently stirred; an emulsion results within a few minutes, which is sweetened with syr. containing auranti. This emulsion has not the disagreeable taste and acts in lesser doses than when taken pure. 15-20 grms. is enough to purge an adult.

ANTIPYRIN IN DIARRHEA OF CHILDREN.

Rousseau St. Philippe, Memorabilien.

In place of opium which is a dangerous remedy for children, author experimented with antipyrin, which is so analogous with opium in its analgesic action (? Translat.), if it has not the same antidiarrheic effect. In the Bordeaux Hospital in the last four years 500 cases were observed, mostly on young children, 1-2 years, part fed on breast milk, some on artificial food and part weaned. Not in all cases is the antipyrin active, however; it gives no apprehension as to further intoxication. It is very beneficial where there is a simple inflammatory condition of the intestinal mucous membrane and where a sour fermentation is going on. Lactic acid, naphtol, bismuth subnit. of salicylate, however, act as rapidly and as well as the antipyrin. In children who are fed on a milk diet only, the antipyrin acts more beneficially. In older children, having a consistent or meat

diet, it is well, before administering the antipyrin, to clear the intestinal canal with calomel. The best results with antipyrin are obtained in reflex diarrheas due to dentition and the colics from which children suffer during the menstrual period of the nurse. Finally, good results were obtained in chronic diarrheas accompanied with dermatoses, as impetigo contagiosa, etc. Antipyrin acts inhibitory to all the secretions, excepting gall, which explains its harmless antidiarrheic action to the liver. Antipyrin coagulates albumen, hence its astringent effect. In conclusion, the analgesic action must be considered by which the intestinal peristalsis diminishes and colicky pain is lessened, in consequence of which the restlessness of the little patient is controlled and sleep made possible. For children under one year of age author directs every two hours a coffee-spoonful of antipyrin 0.5 syr. simpl. and aqua aa 50.00 a few minutes before the time of feeding. For children above one year, the antipyrin is increased with 0.5 for each year.

THE TREATMENT OF VOMITING DUE TO UTERINE REFLEX.

Prof. Lutaud, Rev. obst. et gyn., found cocaine to give the best results, since it acts simultaneously on the nerve centres and on the nerve endings of the cardiac region. R. Cocaine mur., 0.10; antipyrin, 1.00; aqua distill., 100.00. M. S.—Coffee-spoon every half hour until vomiting ceases. In cases where the stomach does not tolerate it, the following is substituted: R. Cocaine mur., 0.50; aqua distill., 30.00. M. S.—Ten drops hourly, later every three hours. If there are signs of local inflammation, the following salve is applied to the os of uterus with the aid of tampons: R. Cocaine mur., 1.00; ext. belladonnae, 0.25; vaselin, 100.00.



Current Surgical literature.

T. H. MANLEY, M. D., New York, Editor.

RESECTION OF THE CLAVICLE.

Crikx, at the late congress of Belgian surgeons, exhibited a patient on whom he had resected, periosteally, two-thirds of his clavicle for tubercular ostitis. Within three months the entire shaft was reformed and functionally of equal strength with its opposite fellow.

It is always highly important never to neglect, when operating on any of the osseous structures, to carefully guard the periosteum.

This element in technique should be regarded as a fixed law, never to be deviated from if possible. It applies to the aged as well as to the infant or adult, for the bone possesses reproductive energy to the very last.

NOTE BY TRANSLATOR.

When this law is observed, we will always have less hemorrhage; there is less mutilation and division of structure; which, of course, implies less danger of infection, with a more speedy recovery. There is no class of cases in surgery more satisfactory in results, after operation, than those on the osseous system, when definite salutary rules of conservatism are adopted. T. H. M.

MUCOUS GRAFTING FOR ATRESIA OF THE VAGINA.

M. Schauta has devised a very ingenious and successful method for treating stenosis of the vagina, by borrowing flaps from the labiae minora. He first splits through the closed parts, then introduces a speculum, which he removes from time to time, until there is a thick layer of granulations, when he clips away the divided the lesser lips. These he grafts over the granular surface. As a rule, they promptly take on growth, when cure is affected with a patent opening.

APPENDICECTOMY BY THE RECTUM(?)

Matchoutkowski records a remarkable case of appendicectomy by the rectum. His patient was a man 41 years old, a chronic dyspeptic, who was seized with acute appendicitis. Indication for operative was not urgent, and therefore the patient was treated by ice applications and opium. On the sixth day, he was seized with severe colicky pains, when in the midst of bloody feces he passed a gangrenous appendix. It was one and one-half centimetres long, was perforated and widely dilated at its base. The author stated that this was the only case on record of spontaneous expulsion of the detached organ. Tarantovsky, however, declared that he had witnessed an analogous case.

RESECTION OF THE RECTUM FOR CANCER.

M. Chaput has performed ten resections of the rectum for cancer. Eight have recovered and two died, one from broncho-pneumonia following ether, and one from injury to the ureter—a case in which operation was almost impossible. In six which survived two relapsed very rapidly. One after two years shows signs of relapse, and three without relapse after three years.

In two there was prolapse of the rectum. Kraske's operation, he believes, is not dangerous, and the relapses are fewer.

Technique.—Chaput advises that two days before rectal resection one should make a transverse colotomy, after the method of Madyl—a Y incision.

Resect the coccyx, but respect the sacrum as much as possible; approximate as near as practicable the divided end of the rectum, and if this is not possible, twist the intestine on

its own axis, after Gurseney's method.

The procedure of Hochenegg, of invaginating one segment of the intestine, impressed him as impracticable, and should be rejected. Ligatures in some cases are useless.

CANCER OF THE RECTO-VAGINAL CLOISON.

Free the parts by a perineal incision. Close the ampulla of the rectum. Be assured of a free discharge through an artificial iliac anus.

In cancer located low down, make the circular incision of Denonveillier, and resect the coccyx.

Twist the gut and suture border to the integument. Here Hartman's procedure answers admirably. Combine the perineal with the sacral incision.

Cancer high up, can only be reached by the abdomen.

—Gaz. Heb., 15 June, '96.

GONORRHEAL RHEUMATISM.

M. Pichvin records an interesting case of a female who entered the hospital for treatment of a pelvic abscess. On the second day she devel-

oped typical gonorrhreal rheumatism in the tarso-metatarsal joint of the thumb. An incision was made through the vagina, which gave issue to a large quantity of pus, which contained an abundance of steptococci and gonococci. Immediately the pain in the affected joint disappeared, with all the attendant symptoms. M. Rendu has frequently observed that when one has gonorrhreal rheumatism, in association with specific urethritis, permanganate injections very often will cut it short and effect prompt cure.

—Gaz. Heb., 1896.

COMPLETE REUNION OF SEVERED FINGERS.

Finney sutured the ends of the ring and middle fingers in place seven hours after they had been cut off by a machine. Firm union took place within two weeks. When seen, at the end of three years, motion and sensation were complete. Antiseptics were avoided because they form a thin layer of coagulation-nectosis, which might interfere with union.

—Johns Hopkins Hospital Bulletin.

—Indian Lancet, May 16, 1896.



Current Literature in Obstetrics and Gynecology.

R. D. KINNEY, M. D., Boston, Editor.

THE RESULTS OF VERSION AFTER SYMPHYSSEOTOMY.

Spaeth reports a case of symphyseotomy in which he succeeded in delivering a living child by version and extraction after having failed with the axis traction forceps. He has collected all cases of symphyseotomy since the year 1887, and finds that symphyseotomy in combination with version presents a mortality of 9.5 per cent. to mother and child, while with the forceps the mortality is 11 and 21 per cent. respectively. His literary search failed to substantiate the claim of Schanta that version after symphyseotomy is likely to cause a laceration of the sacro-iliac synchondrosis. As version is the best method of delivering in minor degrees of pelvic contraction, it is rational to suppose that it also gives superior results after symphyseotomy.

—Pacific Medical Journal.

DECIDUOMA MALIGNUM.

Dr. John Phillips in a resume of this affection, says: It may be defined as a malignant change, with a subsequent metastasis, taking place in the remains of conception, whether they be placental, molar or tubal. Whether the malignant change is of a carcinomatous or sarcomatous nature, and whether arising in the fetal or maternal portion of the placenta are at present debated points.

The true pathology is most likely to result from an accurate discovery of the placenta: This, unfortunately, is not a settled question. However, Watts Eden considers the following facts as correct, and as having the support of the most competent authorities. The portion of the chorion concerned in the formation of the placenta is commonly called the chorion frondosum; it consists of two parts, a membrane or layer underly-

ing the amnion and the branching structures springing from it. Each part is formed of (1) an outer epithelial covering, (2) a delicate stroma supporting (3) the blood vessels.

The epithelial covering is composed of a double layer of cells covering the villi—a superficial and deep—the more superficial forming a "thin stratum of granular, multinucleated protoplasm, in which no cell outlines can be distinguished;" this is now termed the syncytium. Both layers are probably of fetal origin, the former epithelial, the latter mesoblastic. Whether the deciduoma malignum arises in this epithelial layer, the stroma, or partly from both, is now the subject of much controversy. Gottschalk considered the primary change to take place in the chorionic-villi, and these, infecting the cells of the decidua, led to a taking on of a sarcomatous growth; he therefore called this disease "sarcoma-chorion-deciduo-cellulare." Marchand thinks the tumors to be epithelial. Nove-Josserand and Lacroix are of opinion that certainly some of the cells of the growth are derived from uterine muscular cells. This is denied by Whitridge Williams, who gives an elaborate analysis of the views held by different authorities.

CLINICAL HISTORY.

Dr. John Phillips says: Although the pathology of this disease is so obscure, the clinical history is fairly clear. A very large number of these cases occur in young women, one having been reported in a girl aged seventeen. A molar pregnancy, especially the vesicular variety, seems more prone to malignant change than any other. Uterine hemorrhage, more or less profuse, occurring at a varying period after labor or abortion is the earliest and most constant symptom; the bleeding is not

continuous, but rather may be noted as coming on suddenly and without warning; fetid discharge, with the passage of shreds, may alternate with this. On examining the interior of the uterus a more or less friable reddish mass can be scraped away with the finger, leaving a distinct depression of the uterine wall. Rapid metastasis soon takes place in the various organs, and probably through both veins and lymphatics; these deposits are most frequently found in the lungs and the vagina. The course of these cases rapidly tends to a fatal termination, six to seven months being the usual extreme limit.

When the diagnosis is made, treatment must be prompt, and consists in total extirpation of the uterus (if mobile) and its appendages; repeated curettings and intra-uterine applications must never be resorted to.

The most recent cases are by Champneys, in which, unfortunately, the metastatic deposits were not examined microscopically, and Apfels-tedt and Aschoff (two cases). Another is to be described by Mr. Doran at the coming meeting of the London Obstetrical Society, when "Deciduoma Malignum—A Criticism" will be read by Dr. Eden.

—The Practitioner.

PATHOLOGICAL ANATOMY OF PUERPERAL ECLAMPSIA.

Leusden contributed his results of a minute microscopical investigation of the various organs of two cases of puerperal eclampsia. They are as follows: He found nothing which indicates the infectious (bacterial) origin of the affection. The probability is that a toxic substance circulating in the blood is the cause of the clastic attacks. He finds the changes in the kidneys the principal organic lesions. The placental giant cells which are found in the lungs are neither a cause nor a result of eclampsia. The embolism of these cells is only an accidental coincidence. Even the most careful searching failed to show emboli containing liver cells. The minute necrotic changes in the parenchyma of the liver, present in both cases, could not be connected

with the cause of eclampsia. The hyaline (fibrous) thrombi of the lung and liver capillaries are the result of secondary changes (uremic?) which occur independent of eclampsia.

—Pacific Medical Journal.

CURETTAGE OF UTERUS.

Dr. Lancaster says: "I know of no more important subject to the gynecologist, especially to that large class of physicians who must be both gynecologist and general practitioner, than that of curettage of the uterus." He further says: Out of a score of operations that he has performed, he has had only two cases that obtained no decided relief from the symptoms demanding that treatment. Indeed, it is a pleasant surprise to see what a large proportion of cases, which we have heretofore thought could not be cured except by abdominal section and removal of the addenda, get well after a curettage.

Dr. Pryor lays it down as a rule that every case requiring abdominal section for septic ovaritis, salpingitis or pelvic peritonitis, should be preceded by a curettage, and that a large proportion of these cases get well without further operation.

Some of the indications for curettage are:

1. All those cases of persistent leucorrhœa with tender and subinvoluted uterus.
2. For dysmenorrhœa in young girls and maiden ladies where, in spite of internal remedies two or three days out of each month must be spent in bed, and where an undeveloped, and oftentimes flexed, uterus is found.
3. For barrenness, where the fault is plainly with the woman, and no tangible cause other than poorly developed arteries exist for failure to conceive.
4. In all cases of menorrhagia, whether from fibroids, polypi or other neoplasm, especially in menorrhagia occurring at "the change of life," and which is not amenable to other treatment.
5. In all septic diseases of the uterus or its appendages, whether following accouchement,

abortion, operation or gonorrhœa, whether the inflammation be acute or chronic, curettage is indicated, and the earlier the better.

Probably the best time to curette is a week or ten days after the menstrual flow, but if the treatment is for menorrhagia the hemorrhage need not delay the operation, but on the contrary should hasten it.

—The Virginia Med. Semi-Monthly.

CASE OF EARLY PREGNANCY.

Dr. Mitchell, of Locust Grove, Ga., reports a case of early pregnancy which he has had filed in his office for more than 20 years. It is as follows: Fanny Allen, colored, born July 17, 1860. Was first confined (girl) January 11, 1872. Again confined (twin boys) July 18, 1873. The woman, or rather, girl, thus became a mother at the early age of eleven years, five months and twenty-three days, and gave birth to twins at the age of thirteen years, one month and fifteen days. He further states that the

children were of good size, lived and grew well, and that the mother's suffering in labor appeared to be less than common.

—Atlantic Medical and Surgical Journal.

STERILITY.

Graefe (Centralbl. fur Gynak., No. 49, 1895) gives the following causes of sterility:

1. Anomalies of the hymen or malformations of the genital tract. A very large vagina, as the sperma may flow out immediately after coitus.
2. Vaginismus.
3. Excessive acid reaction of the vaginal mucus, as it destroys the power of motion in the spermatozoa.
4. Narrow external or internal os, anteflexion, retroflexion, endometritis, gonorrhœa, especially with involvement of the adnexa, neoplasms.
5. Constitutional diseases, as tuberculosis, syphilis, chlorosis and obesity.

—New York Medical Record.





Miscellany.

THE OLD BAY LINE.

Its Position Defended by its President.

In discussing the establishment of a steamboat line between Baltimore and Norfolk by the Southern Railway, Mr. R. Curzon Hoffman, president of the Baltimore Steam Packet Company, said:

"The Baltimore Steam Packet Company, more generally known as the Bay Line, was organized in 1839, and for more than fifty years has transacted the bulk of the transportation business between the ports of Baltimore and Norfolk and Portsmouth. It has largely contributed to the prosperous growth of those cities. It has created, stimulated and sustained favorable traffic conditions and relations. Year after year it has augmented the volume of commercial transactions to and from all parts of the world. Its capacities for accommodating trade and travel have been enlarged to fully meet the general demand. Its vessels—safe, commodious, seaworthy and swift—are incomparably superior to those on any other inland sea. Every invention or appliance that adds to luxurious comfort or enhances human safety and enjoyment has been adopted regardless of cost. Its dealings with connecting lines and the public have exemplified broad and liberal policies in complete accord with the spirit of that injunction, 'Do unto others as you would have them do to you.' During the long period of its existence the Bay Line has experienced various vicissitudes of fortune. It has had its ups and downs, its good seasons, its discouraging reverses. Overcoming all obstacles, it has steadily pursued its onward course, inspired by unwavering confidence in itself and the favor of the public whose allegiance has never faltered.

"The aim and object of the South-

ern Railway in establishing a new and uncalled for line of steamers between Baltimore and Norfolk is to compete with the Bay Line in its own field for all kinds of business, invade its sources of supply, reduce its revenues, cut into its profits, cripple its efficiency as a public carrier, disrupt its friendly alliances and inflict on it all the injury it can. Unable to purchase a controlling interest, it will not hesitate to resort to any of those questionable methods in which practice has made it so expert to depreciate the value of stocks to force a sale or drive its opponents altogether from the field. It has doubtless counted the cost, but considers that to be a matter of minor consequence, as the Southern is backed by a syndicate who have millions at their disposal and who would not hesitate to sacrifice much to gain a strategic point. They already own and operate thousands of miles of railway in the Middle and Eastern States and can dictate pretty much what rates they choose. But they will be still better able to do so when they have secured an outlet exclusively their own via Norfolk to Baltimore. Then they will be masters of the situation; then they can defeat opposition and stifle independent action.

"The legitimate traffic between the two cities of Baltimore and Norfolk hardly suffices for the Bay steamers and does not warrant the construction and maintenance of an opposing line. The Southern Railway is well aware of this fact, although it pretends to the contrary. It knows that the Bay Line is amply competent to handle any additional business that might accrue to the Southern at its Norfolk terminal. It knows that when I offered to do this, guaranteeing the same facilities accorded to other lines, it refused to accept the proposal on the pretext that the Bay Line was too closely

identified with the Seaboard Air Line, although it is independent of that or any other connection. The Southern alike refused to avail itself of the proffered service of the Merchants' and Miners' fleet, running a daily line between Baltimore, Norfolk and Portsmouth, which is the Southern Railway's accepted connection on all its business coming via water between Boston, Norfolk and Portsmouth and which line is owned and operated by wholly disinterested parties.

"The inference and conclusion is irresistible. The Southern cannot rule the Chesapeake and monopolize the traffic between Baltimore and Norfolk without first driving the Bay Line from the field, or inflicting on it mortal injury. The Southern in its York River lines already has a shorter water route by forty-two miles to Baltimore, but this is not sufficient and does not deter it from assaulting the vested rights of a long established line. It will endeavor to secure whatever ulterior advantages it can gain in this direction whether by fair means or foul.

"So far as the Southern is concerned, an official correspondent and representative of that corporation, characterizes its policy, past, present and future, in these words: 'We cannot do any business over any line not owned or controlled by ourselves.' This was said in reply to the Bay Line and Merchants' and Miners' proposition to carry their traffic. It goes without saying that with a desire to protect the interest of stockholders and those of associated and friendly lines, as well as many other vast and varied business interests, I have restored to every honorable expedient to avert the disastrous consequences I foresaw would result from the action of the Southern. I deplored it as an unfortunate move, involving serious complications. The efforts made by me in both a personal and official capacity to maintain the status quo and preserve peace and harmony have been without avail. The olive branch that I have time and again extended has been as often refused. In view of all these facts and others the conclusion is in-

evitable that the intruders upon our domain intend by systematic attacks upon the Bay Line to demoralize its revenue and inflict on it all the injury possible to break it down or drive it from the sea. Such a result would prove not less disastrous to the public than to every railway and steamship line doing business with it.

"The Southern in forcing this fight must be held solely responsible for the dislocation and disruption of business relations, the acrimonious warfare and demoralization of rates that sooner or later must ensue. The Bay Line cannot supinely fold its hands and acquiesce in the destruction of its property, the estrangement of its business, the diversion of its traffic and the deterioration of its stock. Self-preservation is the first law of nature, and public opinion North and South will vigorously uphold us in resorting to all legitimate and honorable means to protect our property rights and those entrusted to our care."

—Baltimore Sun.

NAVY CHANGES.

Changes in the Medical Corps of the United States Navy for the week ending June 27, 1896:

June 23—Assistant Surgeon S. B. Palmer, detached from the New York Laboratory June 29.

June 26—Passed Assistant Surgeon George Rothganger, detached from the Independence July 15, and ordered to the Oregon.

June 29—Surgeon L. G. Heneberger, detached from the marine rendezvous, New York, and ordered to the hospital, Widow's Island.

Passed Assistant Surgeon E. S. Bogart, ordered to the New York Navy Yard, July 2.

Passed Assistant Surgeon T. C. Craig, detached from the New York Navy Yard July 2, and ordered to the marine rendezvous, New York.

July 2—Passed Assistant Surgeon W. F. Arnold, detached from special duty in China and Japan, and ordered to return home.

Assistant Surgeon H. F. Parrish ordered to the Naval Laboratory, New York city.

THE RACYCLE.

It has been said that when a clock was made small and perfect enough to be carried in the pocket it was called a watch. So when the perfection of a bicycle was achieved, the completed machine was christened a "Racycle." The Miami Cycle and Manufacturing Company, of Middletown, Ohio, have certainly attained the acme of success in their 1896 "Racycle," which has every improvement that a bicycle possesses, and others which render it infinitely superior to any bicycle ever made. The changeable gear, the direct pull on the shaft (the chain and sprocket running inside the bearings), and other features might be mentioned indefinitely. The Racycle is, in addition, the lightest running and most beautiful wheel made in the world. It is creating a sensation already, and will doubtless be to the front next year. The Miami Cycle and Manufacturing Company will doubtless be pleased to send a catalogue to any bank officer making the request.

We would respectfully call the attention of the traveling public to the popular water route between Philadelphia and Baltimore covered by the Baltimore and Philadelphia Steamboat Company (Ericsson Line), via Chesapeake and Delaware Canal.

The steamers of this company have large and greatly improved passenger accommodation, affording every comfort to their patrons; they consist of handsome saloons, richly upholstered and furnished; large, airy dining room, where choice meals with all substantials and delicacies are served in fine style; smoking room; fine, large, handsomely furnished state rooms, for first-class passengers; there is also a separate apartment for second-class passengers below the saloon; the second-class passengers are not allowed on the saloon deck, the saloon deck being in charge of a deck officer, whose duty it is to look after the comfort, and attend to the wants of passengers. These steamers are lighted throughout by electricity and heated by steam; thus both heat and light,

for each state room are under control of the passenger. Steamers leave each port at five o'clock P. M. daily, except Sunday, arriving early the next morning.

BICYCLE SUPERSTITIONS.

Folks open to the influence of signs, omens, etc., should read the following list of bicycle superstitions:

1. The wheelman who allows a hearse to pass him will die before the year is out.
2. To be chased by a yellow dog with one blue eye and one black eye indicates a bad fall.
3. To see a small boy with a slung-shot beside the road is a prophecy of a puncture.
4. If you pass a white horse driven by a red-haired lady, your rim will be split unless you say "cajandrum" and hold up two fingers.
5. The rider who expectorates tobacco juice on the track will lose a spoke.
6. If you take your machine to the repair shop it is a sign that you will not buy that new suit of clothes.
7. Kicking the man who asks the make of your wheel is a sign of high honors and riches within a year.
8. Lending a wheel is the sign of the double donkey.
9. To attempt to hold up a 275-pound woman learning to ride is a sign of a soft spot.

A STUDENT'S MISTAKE.

In a certain Irish college the student, at his oral examination, has to give answers from a pulpit before the Board of Examiners. Once a student, who had no mean opinion of his attainments, ascended the pulpit with a rather self-satisfied and hopeful air. The examiner, determined to "lower" him a little, plied him with a series of stiff interrogations. Hardly a single correct answer was given, and when his time had expired, the student descended and returned to his place, crestfallen and humiliated.

"Now," said the victorious examiner, when he caught the eye of his victim again, "if you had gone up as you came down, you'd have come down as you went up."

—From *Daily Lanceet*.

Captain Frank Charlsen, formerly an officer on Mr. John Jacob Astor's yacht, and his brother, have built a fine little vessel especially for this voyage. She is twenty feet long over all, six feet, eight inches beam, and twenty-six inches draft; is sloop-rigged, with jib mainsail and small flying jib. By an ingenious contrivance the mast is ready to house instantly in case of emergency. She has been christened the "Sozodont," in honor of the well-known dentifrice of that name, and will carry packages of Sozodont and advertising matter for special use in England. No American product has ever before been sent over in such a boat.

The Sozodont will proceed by the Northern passage to Queenstown, and thence to the following, among other ports in Europe: Isle of Wight, Southampton, London, Hamburg, Bremen, Berlin, Antwerp, Copenhagen, Stockholm, Christiana, Bergen; returning to Hull, to Leith, by canal to Edinburgh, thence to Glasgow, Liverpool, Newport (Wales), Cork, Belfast, Londonderry, and thence to New York, arriving in the summer of 1897.

The boat will lie at the Battery from Friday noon to Sunday afternoon, June 21, when the start for Europe will be made, probably between three and four o'clock. Visitors will be allowed. No admission is to be charged.

No other ocean voyagers have attempted to do what these men will undertake. Theirs will be the first small boat to cross the Atlantic both ways. About ten years ago the Red, White and Blue, a bark-rigged cabin boat, sailed from New York to Liverpool. Later, the following accomplished the voyage one way:

Captain Andrews, from Atlantic City to Spain, in the Sapolio, a cabin boat; Captain Fritz, a Russian Finn, from New York to England, in the Nina, a forty-two-foot, schooner-rigged cabin boat; Captain Anderson, from Norway to Chicago (World's Fair), in the Viking (78 feet long), a reproduction of the original Norse boat of that name. It will also be recalled that Captain Webb went across one way in The Dark Secret, a deck boat.





THEOBROMINE AS A DIURETIC.

Dr. Huchard, Professor of Medicine at the medical faculty of Paris, has come to the conclusion that theobromine is one of the best and most reliable diuretics in anasarca due to renal or cardiac affection. Its action is exerted upon the renal epithelium, the function of which it stimulates without determining any change of this epithelium. The diuretic effects of theobromine are not enhanced by association of digitaline, caffeine or lactose. The effect of this drug is not accumulative, and it is not toxic. Apart from occasional headache, it only determines slight symptoms of digestive disturbances. The author exhibits theobromine as follows: The first day he gives three grammes in six powders of fifty centigrammes each, the second day four grammes in eight powders, and the third day five grammes in ten powders, repeating this dose for three or four days. In certain cardiac affections he administers subsequently a half or one milligramme of digitaline during one day, in order to prolong the diuretic effect.

—London Medical Times.

INFLUENZA AND TYPHOID FEVER.

It has been noted that influenza has sometimes been closely followed by an attack of enteric fever. At times the one disease appeared to pass into the other. In such cases it is difficult to trace out the causation; but both milk and oysters have come in for some share of blame. The suggestion is now thrown out that the ice is not infrequently given to persons suffering from influenza to suck, and that it is a possible carrier of infection as the source whence it has been procured is not always above suspicion.

TYPHOID FEVER.

Diarrhea is treated by withholding excessive quantities of food, and by the use of such remedies as bismuth, salicylate, opium, etc. Overfeeding is largely responsible for tympanites. Oil of turpentine and oil of anise will usually relieve the distension.—King.

CANCER.

Dr. J. C. Ross (La Semaine Med.) has found that the internal use of the bark of Ceylon cinnamon is an excellent palliative measure in the treatment of carcinoma of various internal organs; it must be given in large doses. He employs the following formula:

R.—Ceylon Cinnamon Bark. 11 to 3 oz.
Water 3 quarts.

Boil this mixture down to a quart. Decant without filtering. Take a pint every twenty-four hours by the half-glassful, preferably after eating. Shake the bottle well before taking.

This treatment has given him good results in carcinoma of the stomach, breast, tongue, rectum and uterus. The principal effect is to quiet the pain, decrease the odor and improve the general condition of the patient. With this treatment patients who have been for a long time under morphine have been able to dispense with this drug.

THE THREE POISONS OF TOBACCO.

The most dangerous principle of tobacco is not nicotine, as is generally supposed, but pyridin and collodin. Nicotine is the product of the cigar and cigarette; pyridin, which is three or four times more poisonous, comes out of the pipe. It would be well, both for the devotees of tobacco and their neighbors, if they took care always to have the smoke filtered through cotton wool or other absor-

bent material before it is allowed to pass the "barrier of the teeth." Smokers might also take a lesson from the unspeakable Turk, who never smokes a cigarette to the end, but usually throws it away when a little more than half finished. If these precautions were more generally observed, we should hear much less of the evil effects of smoking on the nerves and heart, and on the tongue itself.—

Charlotte Med. Jour.

DYSPHAGIA OF LARYNGEAL TUBERCULOSIS.

First clear the larynx of mucus with an alkaline spray (Vichy Water), then use this as an insufflation:

R.—Chloro-hydrate of morphine....
2 centigrammes.
Milk sugar 4 centigrammes.
Gum arabic..... 4 centigrammes.

The anesthetic effects are established in forty-five minutes, and often persist for many hours, and even all day.

—Journal of Laryngology, June, 1896.

Dr. Augustin H. Goelet, professor of gynecology in the New York School of Clinical Medicine (Clinical Recorder, July, 1896), believes that the best method of closing the abdominal wound after coeliotomy is to use a continuous suture of fine (No. 1) chromic cat-gut for uniting the peritoneum, and to include with this suture the muscle, but omit the fascia. Next, deep sustaining interrupted sutures of silk-worm gut are inserted. These are made to include the skin fascia and muscular layer. Before tying these the fascia is united separately with a continuous suture of the same fine chromic cat-gut.

The silk-worm gut sutures are now tied, the surface washed off and dried carefully.

The ideal dressing for the wound is one which has no disagreeable odor and will keep it perfectly dry. This will prevent germ propagation. He now uses a boro-phenate of bismuth known as markasol, which has given more satisfaction than anything else that has been employed.

This is antiseptic without being irritating and is slightly absorbent and astringent. It will absorb the

first oozing from the wound, but holds in contact with the margin of the wound the protective lymph which is thrown out to favor union. It is dusted plentifully over the wound covering it and the sutures completely; over this is placed a layer of plain sterilized absorbent gauze and over this several layers of absorbent cotton, which is held in place by strips of rubber adhesive plaster (nearly encircling the body) and a many-tailed bandage.

This dressing may be left undisturbed until the sutures are removed. Then the same powder is again used and a similar cover dressing reapplied.

Since adopting this method of closing and dressing laparotomy wounds they have given no trouble whatever, and have invariably healed, by first intention, and the eschar is firm and unyielding.

POISONOUS EFFECTS OF BORAX.

At the present time there are a vast number of preparations intended for the cure and preservation of foods, which depend for the claim advanced upon the large portion of sodium borate contained. This fact has led Fere, of Paris—who has had considerable experience with the drug in the treatment of intractable cases of epilepsy—to investigate its physiological action.

He several times found it necessary to give large doses for long periods, and frequently met with persons who were peculiarly susceptible to the drug. The untoward effects were loss of appetite succeeded by burning pain at the pit of the stomach, buccal dryness, and eventually nausea and vomiting. Also a remarkable dryness of the skin was produced which not only favored, but in several instances caused, skin maladies, notably eczema; the hair also became dry and fell out, threatening complete baldness. The most dangerous result of the use of sodium borate is its power to increase kidney disease, or to convert a slight renal malady into a fatal or malignant affection.

—Medical Age.

Prescriptions.

Antiseptic Dusting Powder.
 R.—Hydarg. bichlor.....1-6-1-3 gr.
 Acid boric1 dr.
 Acid tannic2 dr.
 Sacch. lactis2 dr.

Rub the corrosive sublimate thoroughly with the sugar of milk and then add the other ingredients.

—Pick, Therap. Gazette.

SUMMER DISTURBANCES OF CHILDREN.

In fermentative disorders of the alimentary canal in the young, middle aged or old, listerine has given most satisfactory results. In the summer diarrhea of children, Dr. I. N. Love, of St. Louis, speaks very highly of it, given in combination with glycerine and simple syrup. A formula that I have time and again used—in fact, it has almost become routine with me of late years—is as follows:

R.—Bismuth Sub. Nit....Half a drachm.
 Tr. Opii.....Twenty drops.
 Syr. IpecacTwo drachms.
 Syr. Rhei Arom.....Two drachms.
 ListerineHalf an ounce.
 Mist. CretaOne ounce.
 M. Sig. Teaspoonful as often as necessary, but not more frequently than every three or four hours. This for children about ten or twelve months old.
 —Deering J. Roberts, M. D., in Southern Practitioner.

NEURALGIA OF THE LIVER.

R.—Quinien valerianat.
 Zinci valerianat....aa 0.15 (gr. 2½)
 Ext. opii0.05 (gr. ½)
 Ext. quiniae0.01 (gr. 1-6)
 M. et ft. one pill. Sig.—Take five daily.—Medical World.

Tonic preservative for epidemic time:

R.—Liquor potassii arsenitis, 5.0 (dr. 1½)
 Tinct. eucalypti15.0 (dr. 3½)
 M. Sig.—Take eight drops in a little water after meals.—Medical World.

ANTIPYRETICS AND ANALGESICS, IN COMBINATION.

Berger and Vogt have endeavored to ascertain whether it would be possible, by association, to diminish the toxicity of the usual antipyretics. They have thus, after numerous experiments, obtained excellent results from the following combination, which appears to answer the purpose admirably:

Acetanilid	0.5 gme. (7½ grn.)
Phenacetin	1 gme. (15 grn.)
Antipyrin	2.5 gme. (38 grn.)

It is deemed useless to administer more than four of these powders daily. This mixture has stood the test with regard to both its antipyretic and its analgesic effects, and the investigators recommend it for use in all cases in which antipyrin, phenacetin, or other antipyretics are employed.

—Med. Week, 1896, p. 96.

ANTISEPTIC PASTILLES FOR GARGLES.

For the antiseptic treatment of the pharynx and the nasal fosse, Fuerst recommends the use of pastilles composed as follows:

Boric acid	150 gme.
Salicylic acid	15 gme.
Sodium chloride	30 gme.
Saccharin	3 gme.
Oil of peppermint	1 gme.
Oil of eucalyptus	1 drop.
Make into 300 pastilles.	

One pastille dissolved in a cupful of boiling water yields, when cold, an excellent gargle. After having used two thirds of the solution for gargling, the cup should again be filled with water, and this diluted solution sniffed up the nose.

—Bull. Com., 1896, p. 563.



For Physicians' Wives

HINTS FOR THE HOUSEWIFE.

Flies dislike the oil from bay leaves. It is not an expensive drug, and if a very little is kept in a dish on the window ledge, or if the doors and window casings are coated with any color of fresh paint to which 4 per cent. of oil of bay has been added, insects will shun them.

* * *

Cinders make a very hot fire and one particularly good for ironing days.

* * *

Milk keeps from souring longer in a shallow pan than in a milk pitcher. Deep pans make an equal amount of cream.

* * *

German country women boil in milk the yarn for their home-knit black stockings, so they will not "crock." If black underwear, equestrian tights or stockings that stain are treated in a like manner, the result will be found very satisfactory.

* * *

Pounded glass mixed with dry corn meal and placed within the reach of rats, it is said, will banish them from the premises.

* * *

The best way to prepare a new iron kettle for use is to fill it with clean potato peelings and water, boil them for an hour or more, then wash the kettle with hot water, wipe it dry and rub it with a little lard. Repeat the rubbing several times after using.

In this way you will prevent rust and all the annoyances likely to occur in the use of a new kettle.

* * *

If it is necessary to wash corsets take out the steels in front and sides, then lay them on a flat surface, and with a small brush scrub them thoroughly with a tepid or cold lather of white castile soap. When quite clean let cold water run on them by holding them under a running faucet until the soap is all rinsed off. Pull them lengthwise until they are straight and shapely and let them dry in a cool place, pulling them again when partly dry.

* * *

Carpet moths do not like to make their nests where salt has been, and one may often get rid of them by scrubbing the floor with strong, hot salt and water before laying the carpet. Sprinkle the carpet lightly with salt each week before sweeping; this not only destroys moths, but brightens the colors in the carpet.

* * *

The following is excellent for polishing nickel and steel articles: To one tablespoonful of turpentine add one of sweet oil, mix them together with emery powder enough to make it a pasty mass that will just pour. Put it on the articles to be cleaned with a piece of soft cloth and rub off quickly with a bit of flannel and use a little dry emery powder for the last rubbing.

* * *

If hard wood floors are properly finished when laid, they require but

little attention to keep them looking well; a rubbing over with gasoline every two or three months will be all they require, and a broom covered with cotton flannel, the nap side out, is the best kind of a duster to use on them every morning.

* * *

Cans of potted meats or fish may be kept some time after they are opened and partly used, if they are covered with a little melted butter or lard and kept in a cool place. This makes the contents air-tight and is easily removed when needed.

* * *

To prevent the salt from absorbing the dampness and becoming hard in the salt cellars during the summer season mix a little corn starch or rice flour with the salt, using one spoonful of starch to six of salt.

* * *

To clean gold jewelry with the stones in, wash in warm suds made with yellow soap, with ten or fifteen drops of sal volatile in it. This makes jewelry very brilliant.

* * *

The best way of treating a stove which has not been blacked for some time is to rub it well with a newspaper, using a little clean grease. It will take a polish quickly after a few treatments of this sort.

* * *

Some people suffer very much from their eyes when peeling onions. It is said that if a steel knitting-needle is held between the teeth during the operation this discomfort will cease or be very much reduced.

* * *

To whiten flannel when yellow may be done by putting the flannel into a solution of hard soap, to which strong ammonia has been added. Take one and one-half pounds of hard-curd soap, fifty pounds of soft water and two-thirds of a pound of strong ammonia. A shorter process is to place the garments for a quarter of an hour in a weak solution of bisulphate of soda, to which a little hydrochloric acid has been added.—Chicago Record.

THINGS TO REMEMBER.

Ingrowing nails should be cut in the middle in the form of a narrow V, its angle pointing toward the base of the toe. The cut should extend through all of the nail that is loose from the flesh. Then the rest of the nail must be scraped in the middle with a piece of glass from the point of the V. Ultimately this will effect a cure, and in the meantime relief may be secured by packing cotton under the offending corners.

When a baby has colic it is well to set it on the right knee, putting the right hand at the back of the neck and the left on the stomach.

It is said that water bugs dislike cucumbers, and if the peelings from cucumbers are kept in water and at night scattered around the pipes and the places where the bugs are seen, after two or three nights the bugs will disappear. The plan is worth testing.

Of all the stains and polishes to use for floors the cheapest and most durable stain is permanganate of potash. Pour a quart of boiling water on half an ounce of permanganate of potash crystals. Apply this hot to the boards. It will look red at first, but soon becomes a good brown.

It is essential for an invalid that the recreation be as varied as possible. Nothing pleases more than to be read to, especially short stories or interesting paragraphs from the journals which may be selected, humorous or serious, according to the taste and mood of the patient; also any interesting passages from any favorite author, poetical or otherwise. There are few people who when on a sick bed will not be pleased with a bunch of flowers, more especially if the taste lie in that direction, and if any of them have been cultivated by patients themselves they will become a centre of interest and a pleasing topic for conversation.